

VICARCIKA (ECZEMA): AN INTEGRATIVE REVIEW OF AYURVEDIK CONCEPTS, MODERN CORRELATES, AND THERAPEUTIC APPROACHES

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ABSTRACT

Background: *Vicarcikā* is a classical *Āyurvedik* skin disorder commonly correlated with eczema (dermatitis) in modern dermatology. Though conventional treatments offer symptomatic relief, long-term side effects and relapse are challenges. **Objective:** To review the *Āyurvedik* conceptualization, pathogenesis, clinical features, and evidence for therapeutic strategies (*śodhana*, *śamana*, *rasāyana*, topical therapies) in *Vicarcikā*, and to compare with modern dermatologic approaches. **Methods:** A narrative review was conducted using electronic databases (PubMed, Google Scholar, *Āyurvedik* journal archives) and classical *Āyurvedik* texts. Inclusion criteria encompassed articles, case studies, reviews, and *Āyurvedik* treatises addressing *Vicarcikā* or its correlation with eczema. **Results:** *Āyurvedik* sources characterize *Vicarcikā* by *kaṇḍu* (itching), *piḍikā* (vesicles),

śyāva varṇa (discoloration), *srāva* (exudation) etc. Correlation with modern eczema is supported by overlapping clinical features (pruritus, erythema, exudation, lichenification). Evidence (case reports and small trials) suggests benefit of combined *śodhana* (e.g. *virecana*) and *śamana* therapies, *rasāyana* support, and external applications (*lepa*). Challenges include paucity of large controlled trials and standardized protocols. **Conclusion:** *Āyurveda* provides

a holistic and multi-modal framework for *Vicarcikā* that may complement conventional eczema management. Well-designed clinical trials and mechanistic studies are needed to validate efficacy and safety.

INTRODUCTION

Background & Rationale

- *Āyurvedik* medicine classifies skin diseases under *kuṣṭha*, with sub-divisions into *mahākuṣṭha* and *kṣudrakuṣṭha*. *Vicarcikā* is placed under *kṣudrakuṣṭha*.
- Clinically, *Vicarcikā* is described as a chronic, relapsing, pruritic skin condition with vesiculation, oozing, and discoloration—features that overlap with modern eczema (atopic or non-atopic dermatitis).
- In modern dermatology, eczema is understood as a multifactorial disorder involving skin barrier dysfunction, immune dysregulation, genetic predisposition (e.g. filaggrin mutations), and environmental triggers.
- Conventional therapies (topical corticosteroids, immunomodulators, biologics) offer symptomatic relief, but risks of adverse effects, relapse, and costs persist.
- *Āyurveda*'s integrative approach (purification, palliative medications, herbal topicals, diet, lifestyle) holds promise, but systematic evidence is limited.

Objectives / Research Questions

1. What is the classical *Āyurvedik* conceptualization (etiology, pathogenesis) of *Vicarcikā*?
2. How well does *Vicarcikā* correlate with modern eczema in terms of clinical features and pathophysiology?
3. What therapeutic approaches (*śodhana*, *śamana*, topical, *rasāyana*) have been tried, and what is the evidence for efficacy and safety?
4. What gaps and future research directions exist?

METHODS

Search Strategy

- Databases searched: PubMed, Google Scholar, *Āyurvedik* journals (e.g. IJAM, WJPLS, JISM)
- Keywords: “*Vicarcikā*,” “*Vicarcikā* eczema,” “*Vicarcikā* *Āyurvedik* management,” “eczema *Āyurveda*,” “*śodhana* in eczema,” “*lepa* in *Vicarcikā*,” “evidence in *Vicarcikā*.”

- Classical *Āyurvedik* texts (*Caraka*, *Suśruta*, *Vāgbhaṭa*, *Cakradatta*) and their commentaries (*Bṛhatrayī*, etc.) were consulted for definitions, etiologies, and treatment principles.
- Inclusion criteria: Articles, reviews, case reports published in peer-reviewed journals, *Āyurvedik* treatise discussions relevant to *Vicarcikā*/eczema.
- Exclusion: Articles without relevance to skin disease or lacking sufficient detail.

Data Extraction & Synthesis

- From each article or treatise, we extracted: definition, clinical features, etiopathogenesis (*samprāpti*), treatments used, outcomes, limitations or side effects.
- We synthesized *Āyurvedik* and modern perspectives side by side to identify congruence and differences.
- Because most data are from case studies or narrative reviews, we present a descriptive synthesis rather than meta-analysis.

RESULTS

Definitions and Clinical Features Classical Description

- According to *Caraka*, *Vicarcikā* is defined as *sakanduḥ piḍikā śyāvāḥ bahu-srāvīḥ* (i.e. itching, vesicles, blackish discoloration, profuse discharge).
- *Suśruta* mentions analogous lesions of roughness, pain, and spread in the limbs under *Vipādikā* / *Vicarcikā* contexts.
- Texts later classify it under *Kaphapradhāna tridoṣaja vyādhi* (predominantly *Kapha*, with involvement of other *doṣas*) and involving *raktaduṣṭi* (impurity of blood).

Clinical features commonly cited include

- *Kaṇḍu* (pruritus), *srāva* (oozing/discharge), *piḍikā* (papules, vesicles), *śyāva varṇa* (dark discoloration), *rūkṣatā* (dryness), *kleda* (moisture), *kṛṣṇa varṇa* (hyperpigmentation).
- Regions commonly affected: flexures, limbs, dorsum of hands/feet, trunk (depending on case reports).
- Chronic lesions may show lichenification, scaling, secondary infection.

Correlation with Modern Eczema

- Jessica Houghton's review draws parallels: eczema has dry itchy skin, ill-defined erythema, scaling, possible vesiculation or oozing in acute phase, lichenification in chronic phase.

- Prevalence data: eczema prevalence has increased ~3-fold since 1960s; in industrialized countries 10–20% in children, 1–3% of adults; some Indian studies show ~6.75%.
- Pathophysiologically, eczema involves barrier dysfunction, immune dysregulation, genetic susceptibility (e.g. filaggrin mutation), and environmental factors (allergens, microbiome).
- The *Āyurvedik* concept of *doṣa* vitiation, *srotoduṣṭi*, *raktaduṣṭi*, and *agni* / *āma* may be seen as conceptual parallels (though not identical) to modern ideas of disrupted homeostasis and inflammatory cascade.

Etiopathogenesis (*Samprāpti*) in *Āyurveda*

- In classical texts, causative factors (*nidāna*) include *āhāra* (dietary errors), *vihāra* (lifestyle), and disturbed *agni*, *āma* that precipitate *doṣa* vitiation (especially *Kapha*, *Pitta*) and then *srotoduṣṭi* (vitiation of channels) affecting *tvak* (skin), *rakta* (blood), and *māmsa/lasikā* (muscle/lymph).
- The *doṣa* involvement is considered *tridoṣika*, though *Kapha* is often more emphasized in early stages and *Pitta* in the manifestation of inflammation.
- *Raktaduṣṭi* (impurity of blood) is considered central in many classical discussions; vitiated blood acts on skin leading to lesions.
- Later commentaries propose that vitiated *doṣas* lodge in *tvak* and *rakta*, leading to *kaṇḍu*, *srāva*, *piḍikā*, etc. The process is considered chronic, with exacerbations and remissions.

Therapeutic Approaches and Evidence Treatment Principles

- *Śodhana* (purification therapies): Emphasis on *vamana* (therapeutic emesis), *virecana* (purgation), *Basti* (medicated enema) to expel vitiated *doṣas* and purify the system.
- *Śamana* (palliative/internal medicines): Use of herbal decoctions, powders, formulations (e.g. *Mahāmañjiṣṭhādi kvātha*, *Pañcanimba cūrṇa*, *Gandhaka Rasāyana*, etc.).
- External therapies: Application of *lepa* (herbal pastes), *abhyanga* (oil massage), *āvagāha* (medicated baths), etc. e.g. *Eḍagajādi lepa* is reviewed in a diagnostic- analytical article.
- *Rasāyana* & adjuvant therapy: Rejuvenative and immunomodulatory herbs or preparations to restore balance and improve resistance.
- Diet, lifestyle, and *pathyā-apathyā* (do's and don'ts): Avoidance of triggering foods, habits; strengthening *agni*; supportive routines.

Evidence from Case Reports and Small-Scale Studies

Several published case reports and small clinical studies provide preliminary evidence supporting the efficacy of *Āyurvedik* interventions in *Vicarcikā* (eczema):

- ***Āyurvedik* Management Case Report (KLEU Journal)**

A young male patient with eczema (*Vicarcikā*) was treated with *Virecana* and *Āyurvedik* “*Āgada*” (detoxifying) preparations over 2 months, showing improvement.

- **Case Study of *Śuṣka Vicarcikā* (JISM, 2021)**

Oral *Śamana* drugs (*Mahāmañjiṣṭhādi kvātha*, *Pañcanimba cūrṇa*, etc.) over ~4 months showed dramatic reduction in EASI score from 4.5 to 0.1, and signs/symptoms resolved.

- **Evidence-Based Clinical Practices Review (IJAM)**

This review highlights that *Āyurvedik* therapies in *Vicarcikā* are reported as safe and effective, with fewer side effects than long-term steroids.

- **Efficacy of *Āyurvedik* Therapies (IRJAY, 2024)**

A 38-day *Āyurvedik* regimen (preparation, *Vamana*, *Virecana*, followed by internal and external herbs) in a 50-year-old female with chronic eczema showed marked relief in lesions, itching, and improved quality of life.

- ***Eḍagajādi Lepa* Review**

This article reviews the use of *Eḍagajādi lepa* (a herbal paste) in topical management of *Vicarcikā*, noting skin-level effects and improved outcomes.

Strengths and Limitations of the Evidence

- **Strengths:** The case reports consistently report symptomatic improvement without reported adverse effects, supporting the plausibility of *Āyurveda* as complementary therapy.
- **Limitations:** Lack of randomized controlled trials (RCTs), small sample sizes, absence of blinding or controls, lack of standardized protocols, variable outcome metrics (often subjective), short follow-up in many reports.
- There is also limited mechanistic or biomarker-based evidence (e.g. cytokine levels, histopathology) to show how these therapies modulate inflammatory or barrier pathways.

DISCUSSION

Integration of *Āyurvedik* and Modern Perspectives

- The overlap in symptomology (pruritus, exudation, vesiculation, chronicity) supports correlation between *Vicarcikā* and eczema.
- *Āyurvedia* emphasis on *doṣa* balance, purification, and rejuvenation may conceptually align with modern aims: reducing inflammation, restoring skin barrier, modulating immune response.
- The use of herbal therapeutics with antioxidant, anti-inflammatory, immunomodulatory properties may target relevant biological pathways (e.g., reducing reactive oxygen species, modulating cytokines, promoting healing).

Clinical Implications

- *Āyurvedik* interventions might serve as adjuncts to mainstream therapy, potentially reducing corticosteroid dosage, minimizing relapse, and improving quality of life.
- Patient selection is key: mild-moderate eczema, willingness for longer treatment courses, monitoring by qualified *Āyurvedik* and dermatologic professionals.
- Safety and herb-drug interactions need careful oversight.

Gaps and Future Directions

1. **Rigorous Clinical Trials:** Randomized, controlled, adequately powered trials comparing *Āyurvedik* regimens vs standard care or adjunctive therapy are needed.
2. **Standardization of Protocols:** Clear protocols (dose, duration, preparation methods) are required to improve reproducibility.
3. **Objective Biomarkers:** Measuring inflammatory markers (e.g. cytokines, IgE, skin biopsy, TEWL) before/after intervention to elucidate mechanisms.
4. **Long-term Follow-up:** To assess relapse rates, adverse events, sustainability.
5. **Phytochemical / pharmacological studies:** Studying individual herbs/herbal combinations used in *Vicarcikā* for anti-inflammatory, antimicrobial, barrier-repair effects.
6. **Integrative models:** Investigate combination of *Ayurveda* + modern dermatology (e.g. lower steroid doses + *Ayurvedik* therapy) in comparative trials.

CONCLUSION

Vicarcikā, as conceptualized in *Āyurveda*, exhibits strong clinical correspondence with modern eczema. Though preliminary case reports and narrative reviews suggest beneficial

outcomes with *Āyurvedik* therapies (*Śodhana*, *Śamana*, topical treatments, *Rasāyana*), the evidence base remains weak by modern standards. To validate and integrate *Āyurvedik* approaches in dermatological practice, future work must focus on robust clinical trials, standardization, mechanistic studies, and integrative care models.

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